NOTICE OF FORM CH	ANGE NO.		DATE
TO: County Welfare Dire Supply Clerk / Forms		FROM: Forms Manage (916) 657-1907	
☐ Community Care Lice	nsing District Offices	☐ District Attorney	
☐ Private and Public Ad	option Agencies	☐ Other	
Listed below is information re	egarding a form change. O	nly applicable information is shown.	
This notice updates your Dep	partment of Social Services	County Forms Catalog.	
FORM NUMBER AND TITLE			
ORDER UNIT	☐ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM	REPLACES	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-		Obsolete
☐ No Change Permitted		ermitted With Prior DSS Approval	☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MADE PROPERTY P.O. Box 980788 West Sacramento, CA 957	AINTAINED AT: ices Warehouse	☐ OTHER:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTIONS	S
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy	
USE NEW FORM When supply available in	DSS Warehouse	☐ Use new form effectiv	e
USE FORM IN ACCORDANCE WITH			
☐ All County Letter No.☐ Other (specify)			

ADDITIONAL INFORMATION REGARDING FORM CHANGE

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CTF NURSE PAID HOURS VERIFICATION WORKSHEET

MONTH:			GROUP	HOME:						
	SR 2A	DEDORTED		VERIFIED TIME	REPORTED PAID	VERIFIED PAID		TOTAL	AUDITED	

CCS/FIRST LINE SUPERVISOR NAME	SR 2A HOURS REPORTED	CARD	TED TIME HOURS	OTIME VERIFIED CARD HOL				VERIFIED PAID HOURS		GROSS WAGES	AUDITED HOURLY		AUDITED DIFF.FROM	COMMENTS *
		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	PAID	RATE	ALLOWED	REPORTED SR 2A	
TOTAL														

*LEGEND

- 1. Per Payroll Hours
- 2. Per time card hours
- 3. 54-hour limitation
- 4. Did not meet CCL requirements
- 5. Minimum wage requirement
- 6. No allocation between functions